

(16)

Portner Orthopedic Rehabilitation

Files for

Linda D. Sekiya

EXHIBIT II

000217

November 12, 2001

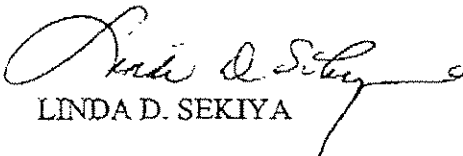
Portner Orthopedic Rehabilitation
615 Piikoi Street
Suite 1210
Honolulu, Hi 96814

Dear Sir or Madam:

I am requesting a copy of my entire file from the first visit until present.

If there are any questions, please feel free to call/fax 945-7864.

Your cooperation on this matter would be sincerely appreciated.


LINDA D. SEKIYA

000218

Page 1

Dr#	Dep #	Name	Dr#	Procedure	Ref Dt	Diag	Units	Amount
71 SEKIYA, LINDA								
				Previous Balance :				0.00
03/10/01	0	SEKIYA, LINDA	66	99203	New patient	728.71	1.00	151.93
03/19/01	0	SEKIYA, LINDA	63	97001	PHYSICAL THERAPY EVA	728.71	1.00	68.38
03/19/01	0	SEKIYA, LINDA	63	97110	ther. exercise	728.71	1.00	51.48
03/21/01	0	SEKIYA, LINDA	63	97110	ther. exercise	728.71	2.00	102.96
03/23/01	0	SEKIYA, LINDA	63	97110	ther. exercise	728.71	1.00	51.48
03/23/01	0	SEKIYA, LINDA	63	97140	MANUAL THERAPY (INCL	728.71	1.00	46.80
03/27/01		Check Payment	ERS032401	Ins #1	03/27/01			-76.94
03/27/01		Adjustment (12)	ERS032401	HMSA Adjustment	03/27/01			-48.65
03/27/01		Adjustment (12)	ERS032401	HMSA Adjustment	03/27/01			-2.18
04/01/01		Check Payment	ERS033101	Ins #1	04/01/01			-107.94
04/01/01		Adjustment (12)	ERS033101	HMSA Adjustment	04/01/01			-5.31
04/01/01		Adjustment (12)	ERS033101	HMSA Adjustment	04/01/01			-0.34
04/01/01		Adjustment (12)	ERS033101	HMSA Adjustment	04/01/01			-25.59
04/01/01		Adjustment (12)	ERS033101	HMSA Adjustment	04/01/01			-1.11
04/01/01		Adjustment (12)	ERS033101	HMSA Adjustment	04/01/01			-46.28
04/01/01		Adjustment (12)	ERS033101	HMSA Adjustment	04/01/01			-1.98
04/09/01		Check Payment	ERS040701	Ins #1	04/09/01			-41.41
04/09/01		Adjustment (12)	ERS040701	HMSA Adjustment	04/09/01			-25.59
04/09/01		Adjustment (12)	ERS040701	HMSA Adjustment	04/09/01			-1.11
04/09/01		Adjustment (12)	ERS040701	HMSA Adjustment	04/09/01			-15.83
04/09/01		Adjustment (12)	ERS040701	HMSA Adjustment	04/09/01			-0.70
05/15/01		Check Payment	051501	Patient	05/15/01			-72.07
06/01/01	0	SEKIYA, LINDA	66	99212	Establish patient	728.71	1.00	85.94
06/01/01	0	SEKIYA, LINDA	64	97110	ther. exercise	728.71	1.00	51.48
06/06/01	0	SEKIYA, LINDA	64	97140	MANUAL THERAPY (INCL	728.71	1.00	46.80
06/08/01	0	SEKIYA, LINDA	64	97110	ther. exercise	728.71	1.00	51.48
06/08/01	0	SEKIYA, LINDA	64	97140	MANUAL THERAPY (INCL	728.71	1.00	46.80
06/15/01	0	SEKIYA, LINDA	64	97032	Manual E. Stim	728.71	1.00	49.03
06/15/01	0	SEKIYA, LINDA	64	97140	MANUAL THERAPY (INCL	728.71	1.00	46.80
06/27/01	0	SEKIYA, LINDA	64	97110	ther. exercise	728.71	1.00	51.48
06/27/01	0	SEKIYA, LINDA	64	97140	MANUAL THERAPY (INCL	728.71	1.00	46.80
06/29/01	0	SEKIYA, LINDA	64	97110	ther. exercise	728.71	1.00	51.48
06/29/01	0	SEKIYA, LINDA	64	97140	MANUAL THERAPY (INCL	728.71	1.00	46.80
07/03/01		Check Payment	ERS063001	Ins #248	07/03/01			-82.82
07/03/01		Adjustment (12)	ERS063001	HMSA Adjustment	07/03/01			-27.57
07/03/01		Adjustment (12)	ERS063001	HMSA Adjustment	07/03/01			-1.11
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07/03/01		Adjustment (12)	ERS063001	HMSA Adjustment	07/03/01			-0.79
07/03/01		Adjustment (12)	ERS063001	HMSA Adjustment	07/03/01			-27.57
07/03/01		Adjustment (12)	ERS063001	HMSA Adjustment	07/03/01			-1.11
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07/18/01		Check Payment	ERS071401	Ins #248	07/18/01			-41.41
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07/18/01		Adjustment (12)	ERS071401	HMSA Adjustment	07/18/01			-0.70

01

PATIENT FINANCIAL HISTORY BY DT SERVICE
PORTNER ORTHOPEDIC REHABILITATION

Page 2

Date	Dep #	Name	Dr#	Procedure	Ref Dt	Diag	Units	Amount
7/10/01	0	SEKIYA, LINDA	64	97110				
				ther. exercise		728.71	2.00	102.96
7/26/01		Check Payment	ERS072101	Ins #248	07/26/01			-41.41
7/26/01		Adjustment (12)	ERS072101	HMSA Adjustment	07/26/01			-27.57
7/26/01		Adjustment (12)	ERS072101	HMSA Adjustment	07/26/01			-1.11
7/26/01		Adjustment (12)	ERS072101	HMSA Adjustment	07/26/01			-17.63
7/26/01		Adjustment (12)	ERS072101	HMSA Adjustment	07/26/01			-0.70
7/26/01		Check Payment	ERS072101	Ins #248	07/26/01			-39.23
7/26/01		Adjustment (12)	ERS072101	HMSA Adjustment	07/26/01			-35.93
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				ther. exercise		728.71	1.00	51.48
8/03/01	0	SEKIYA, LINDA	64	97140				
				MANUAL THERAPY (INCL		728.71	1.00	46.80
8/06/01	0	SEKIYA, LINDA	64	97110				
				ther. exercise		728.71	1.00	51.48
8/06/01	0	SEKIYA, LINDA	64	97140				
				MANUAL THERAPY (INCL		728.71	1.00	46.80
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8/11/01	0	SEKIYA, LINDA	66	99212				
				Establish patient		728.71	1.00	85.94
8/20/01		Check Payment	ERS081801	Ins #248	08/20/01			-41.41
8/20/01		Adjustment (12)	ERS081801	HMSA Adjustment	08/20/01			-27.57
8/20/01		Adjustment (12)	ERS081801	HMSA Adjustment	08/20/01			-1.11
8/20/01		Adjustment (12)	ERS081801	HMSA Adjustment	08/20/01			-17.63
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8/20/01		Adjustment (12)	ERS081801	HMSA Adjustment	08/20/01			-27.57
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8/20/01		Adjustment (12)	ERS081801	HMSA Adjustment	08/20/01			-17.63
8/20/01		Adjustment (12)	ERS081801	HMSA Adjustment	08/20/01			-0.70
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8/20/01		Adjustment (12)	ERS081801	HMSA Adjustment	08/20/01			-1.44
9/18/01		Check Payment	ERS091501	Ins #248	09/18/01			-39.23
9/18/01		Adjustment (12)	ERS091501	HMSA Adjustment	09/18/01			-35.93
9/18/01		Adjustment (12)	ERS091501	HMSA Adjustment	09/18/01			-1.44
9/18/01		Check Payment	ERS091501	Ins #248	09/18/01			-41.41
9/18/01		Adjustment (12)	ERS091501	HMSA Adjustment	09/18/01			-27.57
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9/18/01		Adjustment (12)	ERS091501	HMSA Adjustment	09/18/01			-17.63
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0/15/01		Adjustment (12)	ERS101301	HMSA Adjustment	10/15/01			-1.44
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TOTALS FOR ACCOUNT 188271			PAYMENTS :	915.55	ADJUSTS :	759.45	CHARGES :	1703.54
			REFUNDS:	0.00				29.00
				915.55		759.45		1703.54
								28.54

000220

4

October 2, 2001

Sekiya, Linda
188 271

Today patient returns continues to feel better. She is walking in the hall without using crutch. She is using the crutch primarily for long-distance walking. She is still having a little discomfort taking the first step in the morning. She is doing home exercises on a regular basis.

On exam, there is little soreness over the right plantar fascia area. Right ankle range of motion is full in all planes and painless.

IMPRESSION:

CHRONIC RIGHT PLANTAR FASCIITIS WITH CONTINUED IMPROVEMENT.

PLAN:

1. She will continue current home exercises, use the splint and heel cushion. I will see her back in two months.

Ramakrishna Kosuri, M.D./Bernard M. Portner, M.D.

jb

000221

5

August 11, 2001

Sekiya, Linda
188 271

Today patient returns continues to feel well. She had finished physical therapy sessions and was instructed on home program. She reports that she has been using crutch less frequently. Overall she reports 70% better. Now she is able to walk about 20 minutes without using a crutch.

On examination there is little sensitiveness slightly over the right plantar fascia area.

IMPRESSION: 1. CHRONIC RIGHT PLANTAR FASCIITIS CONTINUED TO IMPROVE SLOWLY (70% IMPROVEMENT).

PLAN:

1. She is encouraged to do the home exercises on a regular basis.
2. She will gradually increase walking without using crutch.
3. Follow up in six weeks.

Ramakrishna Kosuri, M.D./Bernard Portner, M.D.

lp

000222

6

July 5, 2001

Sekiya, Linda
188 271

Today patient returns continues to feel well. She had six physical therapy sessions since the previous visit one month ago. Yesterday for the first time she was able to walk about 15 minutes in the house without using crutches. Overall she reports 60% improvement of symptoms of the right foot. She is still having right heel pain first thing in the morning however this is improved considerably. She is feeling weak in the right lower extremity and had strengthening exercises in physical therapy which are helping her. She feels like she is getting stronger in the right lower extremity.

On clinical exam there is no swelling over the right plantar fascia area. On palpation there is sensitiveness slightly medial to the longitudinal arch of the foot.

IMPRESSION: 1. CHRONIC RIGHT PLANTAR FASCIITIS IMPROVING (60% IMPROVEMENT).

PLAN:

1. I feel she will benefit from a few more physical therapy sessions especially for strengthening exercises and instruction on home program. She can have physical therapy twice a week for 4-6 sessions.
2. Follow up in a month.

Ramakrishna Kosuri, M.D./Bernard Portner, M.D.

lp

June 4, 2001

Sekiya, Linda
188 271

Today patient returns feeling a little better. She had three physical therapy sessions with about 30% improvement of symptoms. She has been using two crutches for the past 1.5 years due to the pain and for the past few weeks she's been using just one crutch due to some improvement of this pain. She has been using the night splint, heel cup and doing exercises on a regular basis.

Celebrex does not seem to be of any help hence, we will discontinue this.

We had reviewed the previously obtained bone scan which showed slightly asymmetric uptake noted in the heels with decreased uptake in the right calcaneus when compared to the left of uncertain clinical significance. There was no acute right calcaneal fracture. She is having right heel pain first thing in the morning and also with prolonged standing and walking. This is somewhat improved.

On clinical exam there is no swelling noted over the right foot on the plantar aspect. There is tenderness slightly medial and also at the mid point of right calcaneus area.

IMPRESSON: 1. CHRONIC ^{Right} PLANTAR FASCIITIS FEELING 30%
BETTER. ^

PLAN

1. In light of 30% improvement with three physical therapy sessions we had recommended her to continue some more physical therapy sessions.
2. She will continue to wear the night splint and right heel cup and home exercises.
3. Follow up in three weeks.

Ramakrishna Kosuri, M.D./Bernard Portner, M.D.

lp

000224

8

March 10, 2001

Sekiya, Linda
188 271

CC: Right foot pain since December of 1999. "I did massage the foot on a wooden roller and inflamed the fascia and the foot."

HPI: This is a 54-year-old female, office administrator, self referred with above complaints. She did massage of the foot on a wooden roller and had gradually noticed right heel pain. Due to this pain she walked on the tip toes for quite a while and this had caused the pain in the mid foot to hind foot area. She saw podiatrist, Dr. Michael Chun and had x-rays taken and was told she had mild bone spur and plantar fasciitis. She was given heel pad, arch support and was instructed on stretching exercises with some help. She continued to have the pain. She has been using the crutches since December of 1999. She had a bone scan in December of 2000 at Kapiolani Pali Momi and was told this was negative for any fractures. She was given a cortisone injection (first injection in December of 2000 and second injection was about 3 weeks ago). She had little relief from these injections. She has been using the night splint with some help.

She is having right heel pain first thing in the morning with walking. This pain is intermittent. She describes this pain as dull ache and rates this pain as "6" in a pain scale of 1 to 10. Prolonged standing and walking activities aggravates this pain. She had denied any sleep disturbance. She denied any radiation of this pain. Overall she reports this pain is neither improving nor worsening. She has missed some work because of this episode. She had denied any similar symptoms in the past.

Past Medical History: Nasal allergies. Arthritis of the right hip and hand. Anxiety and depression.

Past Surgical History: None.

Allergies: Penicillin. Codeine, and Combid.

Family History: She is unsure of any serious medical or musculoskeletal problems in the family.

Past Surgical History: None.

Personal History: She does not smoke cigarettes. She does not drink alcohol. She denies any history of cancer.

000225

Review of Systems: She has been recovering from the flu. She reports fever, chills, shortness of breath, dizziness, nausea, heart burn, acidic stomach and headaches. She had denied any associated night sweats, weight loss, chest pain, hoarseness, cough, eye problems, ringing in the ears, rash, abdominal pain. She had denied any associated bowel or bladder incontinence.

On clinical examination she is a very pleasant female alert, cooperative. She is not in any acute distress.

On inspection she had small bruise slightly medial to the longitudinal arch of the foot from recent steroid injection.

She has mild erythema over the right plantar fascia area.

Right ankle plantar flexion, dorsiflexion, inversion, eversion are full and painless. Resisted range of motion of right ankle plantar flexion, dorsiflexion, inversion, eversion are painless.

On palpation there is marked tenderness slightly medial to the longitudinal arch of the foot and around the plantar fascia area. Her gait is antalgic on the right.

IMPRESSION: 1. CHRONIC RIGHT PLANTAR FASCITIS.

PLAN:

1. We will obtain right foot x-rays and bone scan results.
2. She hasn't had any trial of physical therapy. I think it is reasonable to have a few physical therapy sessions to see if this may relieve her symptoms. I recommended her to have physical therapy for four to five sessions with friction massage, therapeutic modalities and active exercises.
3. She will continue to use the heel pad, arch support and night splint.
4. Also I recommended ice massage and take Celebrex on a regular basis rather than on a prn basis for a weeks.
5. Follow up after five physical therapy sessions. If the symptoms do not improve significantly we may consider referring her to an orthopedic foot specialist Dr. Stuart Wakatsuki.

Ramakrishna Kosuri, M.D./Bernard Portner, M.D.

lp

000226

Sekiya, Linda
PATIENT:

3/12/01 Lx Whe
9.12.01

3.14.01 Initially LBP & tried to relieve it & have reflexology/foot massage & drink
(1) S: (R) felt pain under heel for 15 mos, seen podiatrist
& caused a bone spur.
Pain in heel.

PMHx Dec 2000 - & Feb 2001 - X2 calcaneus shots. Better - after 14 months using boot crutches walking.

x-rays show:

(2) Rest 0/10 - 4/10. using 60% wt on foot & crutches.

o/e // Stiff calcaneus navicular jt. to exostosis > dead > plate/fix

A: Resp well to reduction taping (exostosis)
Mx into DF.

HEP x 3 x 10 reps

P: Pgs off crutches FNB
Strengthen gastroc

AP

3.14.01

(3) Tolerated WB in 1 crutch. "1/2 back @ work in leg."

Time residual sub talar DF/PF/INV/EX.

Strengthening of gastroc in green T-band PF in cross PF in INV.

Butt had rise

Sub talar mbs

A: Shaping (R) gastroc stiffens of sub talar jt.

P: Mobilise HEP & strengthen

Amalgam FNB no crutches

TEX 15'
Mdx 15'

AP

3.23.01

(4) S: My Father passed away this am @ 2am - very tired "foot is stiff"

(5) o/e. Tel Amb. on 1 crutch crutch in air at heel. Walk gastroc/heel 4-15

P: Progressing well.

P: Cat strength, mb, wts, flexibility.

TEX 15'
Mdx 15'

AP

Linda Skye
PATIENT:

6/8/01 (Cont) 1/2 leg abs 1 x 20

MOB TMT joints I, II, III

DXF plantar fasci.

A: 1st week, balance improved & tex

P: OK

MOB - 15 (2)
TEX - 15 (2)

6/13/01 P.C.

M. Skye
M. Skye

6/15/01 S: See 3-7 days to start FX. Ben using IP 2 days
Butovach "looser"

(C) DXF (mild) plantar fasci
1/6 EMS @ IP

1/6 EMS @ IP

A: tol, R inflamed red, swollen

P: Cont as tol. Add Squats

MOB - 15 (3)
EMS - 15 (3)

6/27/01 "Seem to be better... 10-15% difference". Still
ambulation & crutch. Does all 4 except for
step for raise. 2nd no stairs. Still C in ambulation
~ 15 minutes @ 1 crutch, Time 5 crutch & stuck
@ 8 min.

(D) Ben x 15'

(A) calf stretch 4x30

Star for raise x 10

Squats x 10

1/6 EMS @ IP x 4:00

T. back balance

MOB Medial p. calf/heel walk

TMT II

A: tol. Thighs/hips/stab poor. Improving
calf strength

P: add stairs as tol

TEX - 15 (3)
MOB - 15 (3)

10 + 6 = 16 8/10/01 Linda Skyring
auth. till #012010045 PATIENT: _____

8/3/01 S. P reports calf + (R) hip extremely
sore p R + bottom of foot in 10 days?
(P) in bottom of foot persists 5 mos.
A needed to walk on (B) crutches

O: slideboard (4)

(1) toe raise 2x10

(2) Squat 2x10

(3) hamstring stretch 2x30s

mob MTP II, III

DXF (R) plantar fasciitis

GUS clip

TEX 15

MOB 15 (2)

A. toe pain Overload TEX last Rx. slow
progression to tol

P: slow progress to tol

8/6/01 S. P reports she feels much B since
last Rx 4/10/01. It hurts such, cold, dark, painful

O: slideboard (4)

toe raise 2x20

(2) Squat 2x10

(3) hamstring stretch

DXF plantar fasciitis

talarocrural / naviculocalcaneal motion

TEX 15

MOB 15 (3)

H. toe pain

P: ✓ to see if H. with appraise

Chiropr. Rx plan enci date

8/8/01 S. P reports B. Not sore. Still using crutches 90%
of time

O: slideboard (5)

(1) toe raise 3x10

(2) Squat 2x10

(3) Squat x20

TEX 15

MOB 15 (4)

side step x 60yds

grapevine 2x60m

side step c. hop x 60m

Exercises

foot motion calc, navicular, talus, MTP II, III

000229

M. (13)

Lucia Leiva
PATIENT:

7/29/01

Lucia reports a little sore foot (left Rx. Leg sore)
5-6/10 VAS. (P) standing & walking 10-15 min 15-20 min
10 min 3 crutch.
O: bike x 5"
stairs (1 1/2 fl) x 10.
Sore to raise 2 x 15
(U) the same still bad 2 x 20 (over)
Mons TMT II, H CN NC 3551. TEx 75
RNT line/digit Rx x 15. WAB-15 (50)
H. week (B) c. shoulder or
P. (will to strength) 1 Ex fol.

7/11/01 P Cr

Melvin B...

7/18/01

S: Trying to do more at home (HEP)
Left hand on walk B.
Walks 25 min 5 crutch in house
standing 25 min.

O: bike x 15
Shoulder (4) x 60
(U) balance = 55s
(U) balance on foot x 1.000
(U) squats (balance)
WAB-

TEx (30)

(L) (50% ROM x 20) 4-1/5
(R) (3/4° of gonal x 10) 3-1/5
(B) calf stretch 2-30s.
Side steps x 50m.
" just c. D. direction
grape vine x 50m.

H. stab, balance improved. Coordination poor-777
P. (will to strength, coordination)

7/27/02 P/N/S

Melvin B...

PATIENT: Shirley

6/6/01 S. Ben re crutch for 1 1/2 years (dec '99)
 overdid wooden massage rollers, was tip toeing 2° P in heel
 Rx: medial, has 2 cortisone shots + No Δ; podiatrist, Hasnt had Rx.
 x-rays: beginning bone spurs
 been getting back to foot TEX given since 5/01
 bone scan Q.
 Stopped PT Rx 2° father passed away + then got
 sick. (R)
 4/10 vms

W: stand 20 minutes
 walk > 3 blocks.
 getting OOB.

Has night splint,
 heel cups
 + (B) arch supports.

HEP: inv/ever/plantar/dorsi OKC

(B) toe raises + dorsi back OT-ber

Hx: LBP from tailbone, radiate to (R) thigh. Not anymore

Q: (B) Valgus MTP I, Visible Atrophy (R) calf.
 Ambulates i crutch.

HEP: inv + to ead. 4x15

toe raises (setting) x20

calf stretch gach 2x30s. Heels 2x30s.

MOB-15
 EX-15 (5)

MOB. TMT II, III, I

shd mob calcaneus

DTX to plantar fascia

A: 1/2 mobility, line of ligament, very atrophied
 (R) = (L) calves

B: 1 + narrow to 1 HR.

W/heel St. 100

6/8/01 S. Saw p Rx while massage, but feet much looser.

standing toe raises x10

toe raises x10

balance 10x1 sec → 40 to 10 sec x 200m

(B) calf stretches 2x45 sec.

(L) 2/5 (R) 3/5
 (L) 4/5 (R) 5/5

TEX-15
 MOB-15 (5)

(C) Shirley

000231 15

November 27, 2002

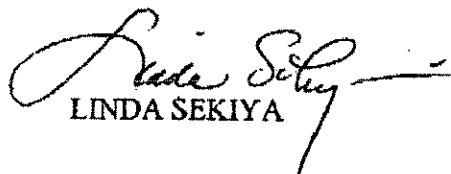
Portner Orthopedic Rehabilitation
615 Piikoi Street
Suite 1210
Honolulu, HI

Dear Sir or Madam:

I am requesting a copy of my files from October 3, 2001 until the present.

Please call me at 945-7864 when they are ready to be picked up.

Your cooperation on this matter would be sincerely appreciated.


LINDA SEKIYA

11/27/02: Notified patient of \$1.24 a sheet.
OK per patient, will pay \$2 PLU.
on 11/29/02 —AMS.

000232

October 14, 2002

Sekiya, Linda
188 271

The patient returned today reporting that she is doing better. She says that she has been doing her home stretches and exercises daily as recommended by the therapist. She is not taking any anti inflammatories. Earlier on she has been taking Celebrex 200 mg tablet on a prn basis.

Today she reports that she is slowly getting better and can walk better. She said that some days she can walk normally. She said that she still has slight pain first thing in the morning when she wakes up and walks. She says that she is using her crutches sparingly at home but uses it most of the times when outside the house.

On examination of the right heel there is no tenderness at the medial calcaneal area to palpation. However, one spot at the bottom of the right heel is still mild to moderately tender.

The right ankle range of motion in dorsiflexion, flexion, eversion, and inversion passively is full and painless. Resisted movements are also painless.

IMPRESSION: 1. CHRONIC RIGHT PLANTAR FASCIITIS - GRADUALLY IMPROVING WITH ONE TENDER SPOT AT THE BASE OF THE HEEL.

PLAN:

1. We've discussed the patient's situation with her.
2. We have offered an injection for right plantar fasciitis. The patient however, says that she will call to schedule it and will think about it.
3. Patient in the meantime will continue her home routine. She has also requested superficial anesthesia prior to the injection (fluoromethane).

Zeeshan Ahmad, M.D./Bernard Portner, M.D.

lp

July 22, 2002

Sekiya, Linda
188 271

The patient states thta she is feels much better. Her right heel pain is gradually improving. Her walking tolerance has improved. She has been using a crutch. At present she is not using Celebrex.

On examination the right heel is slightly tender. The right ankle range of motion is full in all planes and painless.

IMPRESSION: 1. CHRONIC RIGHT PLANTAR FASCIITIS WITH CONTINUED IMPROVEMENT.

PLAN:

1. The patient's condition and her treatment options were discussed with her.
2. Patient will continue crutch use at this time.
3. She will continue Celebrex 200 mg daily on a prn basis.
4. She will continue use of the night splint, heel cushion, and home exercise program.
5. Patient will follow up in two to three months.

Bernard Portner, M.D.
(FA)

lp

April 23, 2002

Sekiya, Linda
188 271

Today the patient returns generally feeling better. She reports slow but gradual improvement of right heel pain. Her walking tolerance improved to about half an hour and with rest her walking tolerance is about 1.5 hours. She has been using the crutch less frequently. Overall she reports about 90% improvement of symptoms.

On exam right ankle range of motion is full in all planes and painless. The resisted right ankle plantar flexion is painless.

On palpation mild tenderness slightly medial to the longitudinal arch of the right foot.

IMPRESSION: 1. CHRONIC RIGHT PLANTAR FASCIITIS WITH CONTINUED IMPROVEMENT SLOWLY.

PLAN:

1. She will continue to use the night splint, heel cushion and home exercises.
2. She will have follow up in three months.

Ramakrishna Kosuri, M.D./Bernard Portner, M.D.

lp

January 28, 2002

Sekiya, Linda
188 271

Today patient returns continues to feel better. She is able to walk about 15 minutes at home with some rest break occasionally. She reports that she had retired a few months ago and has not been doing much driving and this has been helping her. She has been doing home exercises on a regular basis. Overall she is gradually making progress.

On palpation there is little tenderness over the right plantar fascia area.

IMPRESSION: 1. CHRONIC RIGHT PLANTAR FASCIITIS WITH SLOW AND STEADY IMPROVEMENT.

PLAN:

1. She will continue the current home program and I advised her to gradually wean off using the right crutch.
2. She continues to use the crutch for community ambulation.
3. She is given a medical certificate to extend the parking disability permit for another three months.
4. I will see her back in three months.

Ramakrishna Kosuri, M.D./Bernard Portner, M.D.

lp

November 27, 2001

Sekiya, Linda
188 271

Today patient returns generally feeling well. She continues to make slow but steady progress. Her walking tolerance improved to about an hour. She has been doing home exercises, using the heel cushion and wearing the night splints.

Overall she reports 85% improvement of symptoms.

On exam there is very mild tenderness over the right plantar fascia area.

IMPRESSION: 1. CHRONIC RIGHT PLANTAR FASCIITIS WITH STEADY IMPROVEMENT.

PLAN:

1. She is encouraged to continue the home exercises and use the heel cushion.
2. I will see her back on a prn basis.

Ramakrishna Kosuri, M.D./Bernard Portner, M.D.

lp